STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: COLORADO

Service #19

A. Targeted Group:

Title XIX eligible individuals ages 0 - 21 who are referred for, or are receiving, services pursuant to an Individualized Education Program (IEP), an Individualized Health Services Plan (IHSP), an Individualized Family Services Plan (IFSP), a Section 504 Accommodation Plan, and who have a disability or who are medically at risk. These individuals may be enrolled in a managed care program or receiving Title XIX services in a fee-for-service environment. In either case, they remain eligible to receive case management services under this section.

A disability is defined as a physical or mental impairment that substantially limits one or more major life activities. Medically at risk refers to individuals who have a diagnosable physical or mental condition that has a high probability of impairing cognitive, emotional, neurological, social or physical development.

B. Areas of the State in which services will be provided:

[x] Entire State

[ ] Only in the following geographic areas (authority of section 1915(g) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

C. Comparability of Services

[ ] Services are provided in accordance with section 1902(a)(10)(B) of the Act.

[x] Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case management services are activities that assist the target population in gaining access to needed medical, social, educational and other services. These services include services covered under the Colorado Medicaid State Plan as well as those services not covered under the State Plan. Case management services include the following activities:

1. Needs Assessment

Reviewing the individual's current and potential strengths, resources, deficits and need for medical, social, educational and other services. Results of assessments and evaluations are reviewed and a meeting is held with the individual, his or her parent(s) and/or guardian, and the case manager to determine whether services are needed and, if so, to develop a service plan.

2. Service Planning

Developing a written plan based on the assessment of strengths and needs, which identifies the activities and assistance needed to accomplish the goals collaboratively developed by the individual, his or her parent(s) or legal guardian, and the case manager. The service plan describes the nature, frequency, and duration of the activities and assistance that meet the individual's needs. The Individualized Education Program (IEP), Individualized Family Service Plan (IFSP), the Section 504 Accommodation Plan or Individualized Health Service Plan (IHSP) may act as the service plan.

Service planning may include acquainting the individual, his or her parent(s) or legal guardian with resources in the community and providing information for obtaining services through community programs.

3. Service Coordination, Monitoring, and Advocacy

Facilitating the individual's access to the care, services and resources through linkage, coordination, referral, consultation, and monitoring. This is accomplished through in-person and telephone contacts with the individual, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the individual. This may include facilitating the recipient's physical accessibility to services such as arranging transportation to medical, social, educational and other services; facilitating communication between the individual, his or her parent(s) or legal guardian and the case manager, and the individual, his or her parent(s) or legal guardian and other service providers; or, arranging for translation or another mode of communication. It also includes advocating for the individual in matters regarding access, appropriateness and proper utilization of services.

4. Service Plan Review

Periodic review of the progress the individual has made on the service plan goals and objectives and the appropriateness and effectiveness of the services being provided on a periodic basis. This review may result in revision or continuation of

the plan, or termination of case management services if they are no longer appropriate. Periodic reviews may be done through personal and telephone contacts with the individual and other involved parties.

5. Crisis Assistance Planning

Evaluating, coordinating and arranging immediate services or treatment needed in situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific individual.

Case record documentation of the above service components is included as a case management activity.

Case management services do not include:

Program activities of the agency itself that do not meet the definition of targeted case management.

Administrative activities necessary for the operation of the agency providing case management services other than the overhead costs directly attributable to targeted case management.

Diagnostic, treatment, or instructional services, including academic testing.

Services that are an integral part of another service already reimbursed by Medicaid.

Activities that are an essential part of Medicaid administration, such as outreach, intake processing, eligibility determination or claims processing.

E. Non-Duplication of Services:

To the extent any eligible recipients in the identified target population are receiving Targeted Case Management services from another provider agency as a result of being members of other covered target groups, the provider agency will ensure that case management activities are coordinated to avoid unnecessary duplication of service. The State assures that it will not seek Federal matching for case management services that are duplicative.

To the extent that any of the services required by the client are a Title XIX benefit of a managed care organization of which the client is a member, the provider will ensure that timely referrals are made and that coordination of care occurs.

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this service.

F. Free Choice of Providers:

The State assures that the provision of case management services will not restrict an individual's free choice of qualified providers in violation of section 1902(a)(23) of the Social Security Act. Participation by eligible targeted recipients is optional. Medicaid TCM services will be made available to all eligible targeted recipients and must be delivered by qualified providers on a statewide basis with procedures to ensure continuity of service without duplication and in compliance with federal and state mandates and regulations related to serving the targeted population in a uniform and consistent manner.

G. Provider Qualifications:

Targeted case management providers must meet the qualifications established by the State to develop and implement IEPs or services required under the most current provisions of the Individuals with Disabilities Education Act (IDEA). The development of an IEP is dependant upon the needs of the individual student as determined by consultation that may include any or all of the following professions: special education, school psychologist, occupational therapist, physical therapist, speech language specialist, social worker, school counselor, and other specialists as identified. Those providing input must meet state or national licensure, registration, or certification requirements of the profession in which they practice. The targeted case management provider must be one of the above identified professionals.

H. Service Provision Documentation:

The provision of TCM will be recorded on a Service Record form that meets the federal Targeted Case Management documentation requirements identified in Section 4302.2 of the State Medicaid Manual (December 1991).

A unit of service is defined as each completed 15-minute increment that meets the description of a case management activity with or on behalf of the individual, his or her parent(s) or legal guardian.